AMENDED IN ASSEMBLY MAY 23, 2006

AMENDED IN SENATE APRIL 5, 2006

AMENDED IN SENATE MARCH 23, 2006

SENATE BILL No. 1339

Introduced by Senators Romero and Perata

February 17, 2006

An act relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

SB 1339, as amended, Romero. Emergency medical services.

Existing law establishes the Emergency Medical Services Authority that, among other things, is required to adopt regulations governing emergency medical services, including local emergency medical service agencies and trauma care centers. Under existing law, the authority is required, among other things, to assess emergency medical services needs throughout the state and to provide technical assistance for the purpose of developing emergency medical services systems.

Existing law (Chapter 333 of the Statutes of 2002) requires the authority to convene a task force of specified members to study the delivery and provision of emergency medical services in California, and requires the task force to submit a report to the Legislature providing recommendations for improving the delivery of emergency medical services throughout California within 2 years from the date that funding and positions have been provided for the project, to be implemented only to the extent that the authority obtains private funding needed to support and monitor the work of the task force.

This bill would, to the extent that private funding is obtained, require the ~~Office of Statewide Health Planning and Development~~ *Emergency Medical Services Authority* to create a working group to, among other things, design a study to assess the adequacy of the state's emergency and trauma care system and provide, by March 1, 2008, a specified report to the chairs of the appropriate committees of the Legislature.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. (a) The *Emergency Medical Services Authority, in consultation with the* Office of Statewide Health Planning and Development~~, in consultation with~~ *and* nonprofit research foundations and other public and private stakeholders, shall create a working group of stakeholders and research experts, including experts who have experience with federal or other state studies on emergency departments or trauma centers, to do all of the following:

(1) Design a study that will assess the adequacy of the state's emergency and trauma care systems.

(2) Compile and make use of relevant existing data and studies to fulfill the objective of assessing the adequacy of the state's emergency medical services and trauma care systems.

(3) Select the group or individuals to conduct the study.

(4) Identify at least one source of funding for the study.

(5) Oversee the completion of the study and review the completed study.

(6) Offer policy proposals to improve emergency medical services and trauma care throughout the state.

(7) Submit a report to the chairs of the appropriate Senate and Assembly policy, fiscal, and budget committees of the Legislature by March 1, 2008. This report shall explain the methodology behind the study, identify the individuals who worked on the study, and identify every source of funding.

(b) The study shall do all of the following:

(1) Include a case study for each type of facility: public, private, university, trauma center, pediatric trauma center, and burn center.

(2) Contain a section on the relationship between trauma centers and emergency departments without trauma centers as it relates to patient transfer.

(3) Contain a section on the availability of trauma care and emergency medical services to low-income communities.

(4) Evaluate best practices.

(5) Offer policy proposals to improve emergency medical services and trauma care throughout the state.

(c) The working group shall consider for inclusion in the study at least all of the following:

(1) A definition of access to emergency room care, including speciality services and a determination of any gaps in that care.

(2) The distribution of waiting times for emergency services, including the time to see medical personnel, time to admitting, and time to transfer or to treatment.

(3) The oncall physician panels by specialty.

(4) The number of patients who leave without being seen.

(5) The number of emergency department visits and number of admitted patients.

(6) The number of return patients within a 48-hour period for the same condition.

(7) The percent of time above staffed treatment bay capacity.

(8) The policies concerning the staffing of inpatient beds.

(9) The payer mix.

(10) The policies for diversion and reopening.

(11) Impact of emergency department closures on access.

(12) Hospital policies or systems that facilitate or impede the flow of patients.

(13) Financial stability of emergency medical and trauma service providers.

(d) This section shall be implemented only to the extent that private funding is obtained to support and monitor the working group and the study required for the purposes of this section.

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